

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As below named inventors, we hereby declare that:

Our residence, post office address and citizenship are as stated below under our names.

We believe that we are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled

CRYSTAL OF BACTERIA CORE RNA POLYMERASE WITH RIFAMPICIN

the Specification of which

☒ is attached hereto
☐ was filed on _____
as Application Serial No. _____
and was amended on _____ (if applicable).

We hereby state that we have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

We hereby claim foreign priority benefits under Title 35, United States Code, §119 of any provisional application filed in the United States in accordance with 35 U.S.C. §1.119(e), or any application for patent that has been converted to a Provisional Application within one (1) year of its filing date, or any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

<u>PRIOR FILED APPLICATION(S)</u>			<u>PRIORITY CLAIMED</u>
<u>APPLICATION NUMBER</u>	<u>COUNTRY</u>	<u>(DAY/MONTH/YEAR FILED)</u>	

We hereby claim the benefit under Title 35, United States Code, §120 of any United States application listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in any prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION
NO. _____

FILING DATE
(DAY/MONTH/YEAR)

STATUS - PATENTED, PENDING,
ABANDONED

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from The Rockefeller University and Public Health Research Institute as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the person from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

I hereby appoint as my attorneys or agents the registered persons identified under

Customer No. 23565

for the law firm of Klauber & Jackson, said attorneys or agents with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence regarding this application to:

DAVID A. JACKSON, ESQ.
KLAUBER & JACKSON
411 HACKENSACK AVENUE
HACKENSACK, NEW JERSEY 07601

Direct all telephone calls to David A. Jackson at (201) 487-5800.

We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST JOINT INVENTOR: Seth Darst
COUNTRY OF CITIZENSHIP: Unites States
FULL RESIDENCE ADDRESS: 500 East 63rd Street, Apt. 16J
New York, NY 10021
FULL POST OFFICE ADDRESS: 500 East 63rd Street, Apt. 16J
New York, NY 10021
SIGNATURE OF INVENTOR _____
DATE _____

FULL NAME OF SECOND JOINT INVENTOR: Elizabeth Campbell
COUNTRY OF CITIZENSHIP: United States
FULL RESIDENCE ADDRESS: 500 East 63rd Street, Apt. 16J
New York, NY 10021
FULL POST OFFICE ADDRESS: 500 East 63rd Street, Apt. 16J
New York, NY 10021
SIGNATURE OF INVENTOR _____
DATE _____

FULL NAME OF THIRD JOINT INVENTOR: Nataliya Korzheva
COUNTRY OF CITIZENSHIP:
FULL RESIDENCE ADDRESS: c/o Public Health Research Institute
455 First Avenue
New York, NY 10016
FULL POST OFFICE ADDRESS: c/o Public Health Research Institute
455 First Avenue
New York, NY 10016
SIGNATURE OF INVENTOR _____
DATE _____

FULL NAME OF FOURTH JOINT INVENTOR: Arkady Mustay

COUNTRY OF CITIZENSHIP:

FULL RESIDENCE ADDRESS: c/o Public Health Research Institute
455 First Avenue
New York, NY 10016

FULL POST OFFICE ADDRESS: c/o Public Health Research Institute
455 First Avenue
New York, NY 10016

SIGNATURE OF INVENTOR _____

DATE _____

FULL NAME OF FIFTH JOINT INVENTOR: Alex Goldfarb

COUNTRY OF CITIZENSHIP: United States

FULL RESIDENCE ADDRESS: 244 Madison Avenue, PHE
New York, NY 10016

FULL POST OFFICE ADDRESS: 244 Madison Avenue, PHE
New York, NY 10016

SIGNATURE OF INVENTOR _____

DATE _____